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If you choose not to self-identify your race/ethnicity at this time, the federal government requires UConn Department of Dining Services to determine this information by visual survey and/or other available information.

**GENDER:** (Please check one of the options)
- [ ] FEMALE
- [ ] MALE

**RACE/ETHNICITY:** (Please check one of the descriptions below corresponding to the ethnic group with which you identify.)
- [ ] Hispanic or Latino: A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.
- [ ] White (Not Hispanic or Latino): A person having origins in any of the original peoples of Europe, the Middle East or North Africa.
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- [ ] Two or more races (Not Hispanic or Latino): All persons who identify with more than one of the above five races.
- [ ] I do not wish to disclose.
Previous Employment

Company: __________________________ Phone: () ________
Address: __________________________ Supervisor: __________________________
Job Title: __________________________
Responsibilities: __________________________
From: ________ To: ________ Reason for Leaving: __________________________
May we contact this supervisor for a reference? YES ☐ NO ☐

Company: __________________________ Phone: () ________
Address: __________________________ Supervisor: __________________________
Job Title: __________________________
Responsibilities: __________________________
From: ________ To: ________ Reason for Leaving: __________________________
May we contact this supervisor for a reference? YES ☐ NO ☐

Skills and Qualifications

Please list your skills and qualifications for this job:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Special Certifications and/or Licenses

<table>
<thead>
<tr>
<th>Certificate/License Name</th>
<th>Year Acquired</th>
<th>Expiration Date</th>
<th>Certificate/License Number</th>
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Military Service

Branch: __________________________ From: ________ To: ________
Rank at Discharge: __________________________ Type of Discharge: __________________________
If other than Honorable, explain: __________________________

Disclaimer and Signature

AGREEMENT: I understand that this employment application, or the granting of an oral interview, does not represent a contract of employment or a promise of future benefits by UConn Dining Services. I understand and agree that if hired, my employment may be at-will in nature, if not by union contract, and if an “at will” position, it may be terminated, with or without cause, at any time, by either myself or my employer. I also understand that this written statement supersedes any and all oral representation made by agents or representatives of this company.

This certifies that this application was completed by me. All entries on it, and information in it, are true and complete to the best of my knowledge. I understand that false answers, statements, or significant omissions shall be sufficient cause for denial of employment or discharge from employment. Applications may not be considered if there is missing information and/or signatures.

I understand that as a Dining Services Emergency Support Services Department employee, I may be required to work scheduled or unscheduled overtime or accommodate changes in my regular shift, with or without notice, in accordance with company rules, policies, procedures and/or collective bargaining agreement. This may include evening hours, weekends, and/or any other change in schedule as required by business needs, which may include hours during a University shutdown or closure.

I understand that if considered for employment, I must successfully submit to a pre-employment physical exam, drug screen, and a background check. Therefore, I hereby authorize any individual, firm, company or public agency to divulge all information, verbal or written, pertaining to me to SSC (Security Systems of Connecticut), Med-East, and/or National Student Clearing House or its agents. I release from liability all persons, companies and agencies supplying such information. I understand the scope of investigation may include, but is not limited to, a drug screen, physical exam, verification of social security number, current and previous residences, employment history, education, character references, credit history, criminal history, birth records, and motor vehicle records. Failing any part of the background check, drug screen, and/or physical exam may result in revocation of the job offer.

Signature of Applicant: __________________________ Date: __________________________
Former/Alternate Names(s): __________________________

Former Address: __________________________
Previous Employment

Company: ___________________________________________ Phone: ( )
Address: ___________________________________________ Supervisor: __________________________
Job Title: __________________________________________
Responsibilities: _____________________________________
From: ____________________ To: ____________________ Reason for Leaving: __________________________
May we contact this supervisor for a reference? □ YES □ NO

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Address: ___________________________________________ Supervisor: __________________________
Job Title: __________________________________________
Responsibilities: _____________________________________
From: ____________________ To: ____________________ Reason for Leaving: __________________________
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